Statement of	Organization -	Party	Committee

Amendment	
☐ Yes	□ No

Use this form to create a new or update an existing party committee.

This	form	must	he	accompanied	hv	form	CRO-3500
1 11115	101111	must	υc	accombanicu	υν	101111	CKO-JJUU.

1. Committee Infor	mation					
a. Full Name					c. ID Number	
b. Mailing Address (inc	lude City, State and Zip Code	e)			d. Date Organized	
~~~~~~ <b>~</b>	, ,	,				
					e. Phone Number	
2. Party Information	on					
a. Type			b. Party Name			
National National						
State						
Subordinate						
3. Treasurer Inform	nation		4. Custodian of Books Information			
a. Full Name			a. Full Name			
h. Mailing Address (inc	lude City, State, and Zip Cod	e)	b. Mailing Address (inc	clude City. Stat	e. and Zin Code)	
b. Maining Hadress (inc.	ruuc Oity, State, and Zip Cou		b. Maning Huaress (inc	crude Onj, Suit	e, and zip code)	
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address		
5. Assistant Treasurer Information  Add		<b>6. Account Information</b> (incl. CRO-3500)				
a. Full Name Remove		Remove	a. Financial Institution	Full Name	Remove	
h Mailing Adduses (inc	lude City, State, and Zip Cod	a)	b. Purpose			
b. Maining Address (inc.	idde City, State, and Zip Cod	e)	b. Ful pose			
c. Phone Number	d. Email Address		c. Account Code	d. Type		
CERTIFICATION						
		mnliance with a	ll applicable provisio	one of Article	224 22R & 22D-22M of	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I						
further certify that this report is complete, true and correct.						
Printe	d Name of Signer	Sig	nature of Appointed Trea	surer	Date	
	=		- *			